

# STATE OF MAINE

## RECORD OF EMPLOYEE DISCIPLINE

Employee's Name	Employee Number
Job Classification	Date
Department	Work Location
NATURE OF DEFICIENCY	
STEPS NEEDED FOR IMPROVEMENT	
SERIOUSNESS OF INFRACTION	
<input type="checkbox"/> Confirmation of Oral Reprimand	<input type="checkbox"/> Disciplinary Suspension
<input type="checkbox"/> Written Reprimand	<input type="checkbox"/> Demotion
<input type="checkbox"/> Dismissal	
SUPERVISOR'S SIGNATURE	
Signature	Date
Employee's Remarks - Please check one of the boxes below and add any further clarifying comments.	
<input type="checkbox"/> I agree with the statements above <input type="checkbox"/> I disagree with the statements above. Indicate areas of disagreement below	
Employee's Signature - Please read this statement below and sign.	
I have read and understand the nature of this warning and further understand that if this persists, it will result in further disciplinary action up to and including dismissal.	
Signature	Date
Witness' Signature - Please read this statement below and sign.	
The above warning has been explained to this employee and he/she understands it's seriousness.	
Supervisory Witness' Signature	Date
Employer Rep Signature	Date